24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Vote!	
	C C00473918
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Shorr Johnson Magnus	08 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 N 20th St	Amount
Ste 201	Amount
City State Zip Code	18093.43
Philadelphia PA 19103-1454	Transaction ID: VN7A7AB1ZE5 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District: 00
HAWLEY, JOSHUA DAVID, , ,	President State: MO
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	orsement For: Primary General Other (specify) ▶
Full Name of Payee Waterfront Strategies	Date of Public Distribution/Dissemination
Mailing Address 3050 K St NW	08 16 2018
Ste 100	Amount
City State Zip Code	1898031.00
Washington DC 20007-5161	Transaction ID : VN7A7AB1ZC9
Purpose of Expenditure Category/ Category/	Date of Disbursement or Obligation
Media Buy TV Type 004	08 13 2018
Name of Federal Candidate Support Office	e Sought: House District:00
HAWLEY, JOSHUA DAVID, , ,	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	ursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1916124.43
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1916124.43
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	8 16 2018
Signature	